

Name
in
Full

Annie Bridgell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at <u>Georgetown</u>			County	<u>Washington</u>	
Date of death	Month	Day	Age	Years	Months	Days
<u>1906</u>	<u>June</u>	<u>14</u>	<u>35</u>	<u>35</u>		
Sex	Color or Race	<u>Black</u>			Birth- place	<u>Maryland</u>
Occupation				Where Residing if not at place of death	<u>Will Bridgell</u>	
Married, Single or Widowed	Name of Wife or Husband			<u>Stephens Spence</u>		
Father's Name				Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<u>William Scott</u>			How related to deceased	<u>—</u>	

PHYSICIAN
OR CORONER

Primary

Heart trouble

CAUSES OF DEATH

Immediate

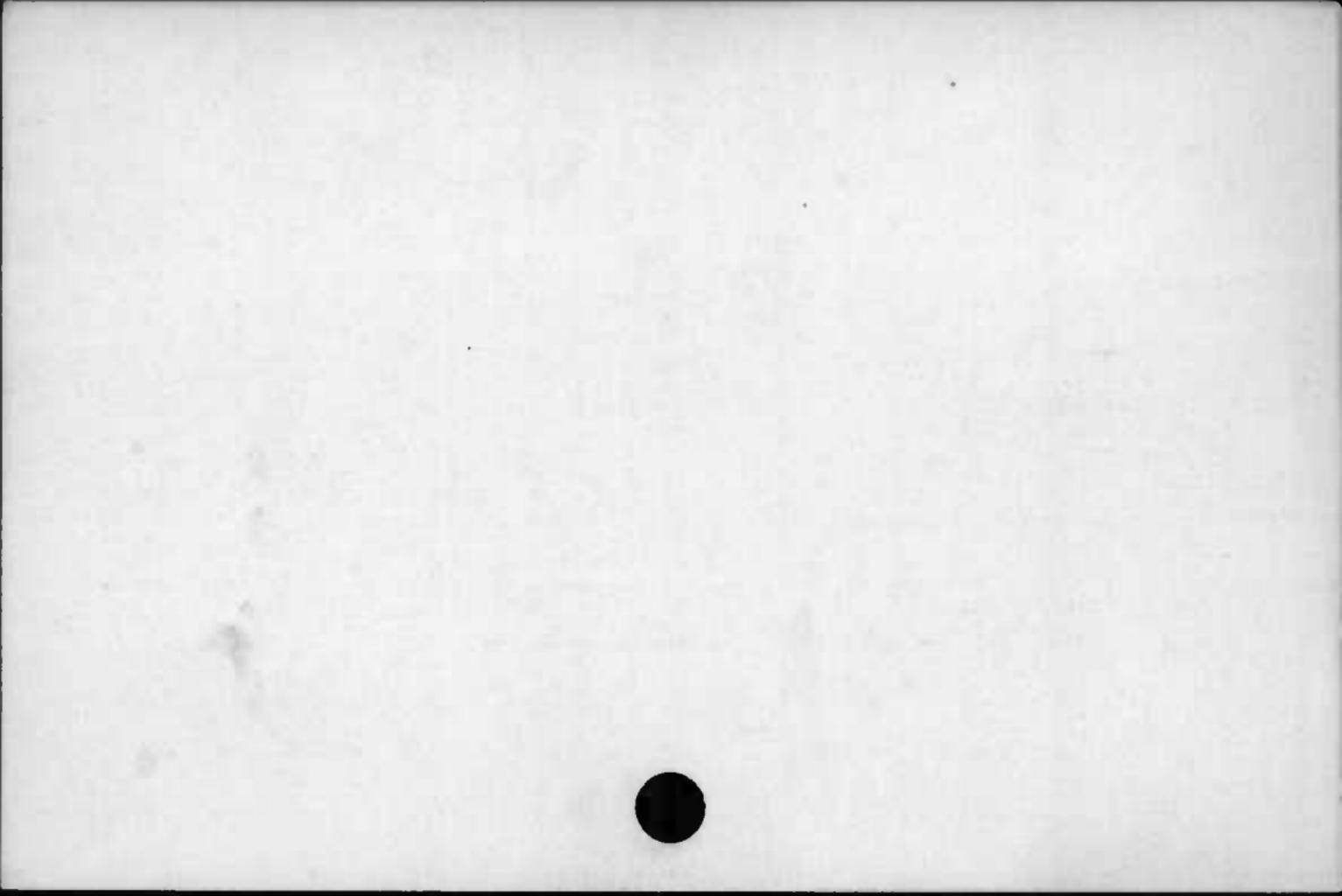
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Old Dickinson
Berlin MD

Accident or Suicide?



Name
in
Full

Benjamin Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1906 June 25

Month

Day

Years

Age

30

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Montgomery Co

Occupation

Laborer

Where Residing if not
at place of death

Montgomery Co
Parsomonee City

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Herrod Brown

Father's
Birthplace

Montgomery Co

Mother's
Maiden Name

Sarah Holden

Mother's
Birthplace

Montgomery Co

Name of person giving
Information

Ella Brown

How related
to deceased

Sister in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phtisis Pulmonalis

How long

6 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Paul J. Lueim
Parsomonee City

Accident or Suicide?

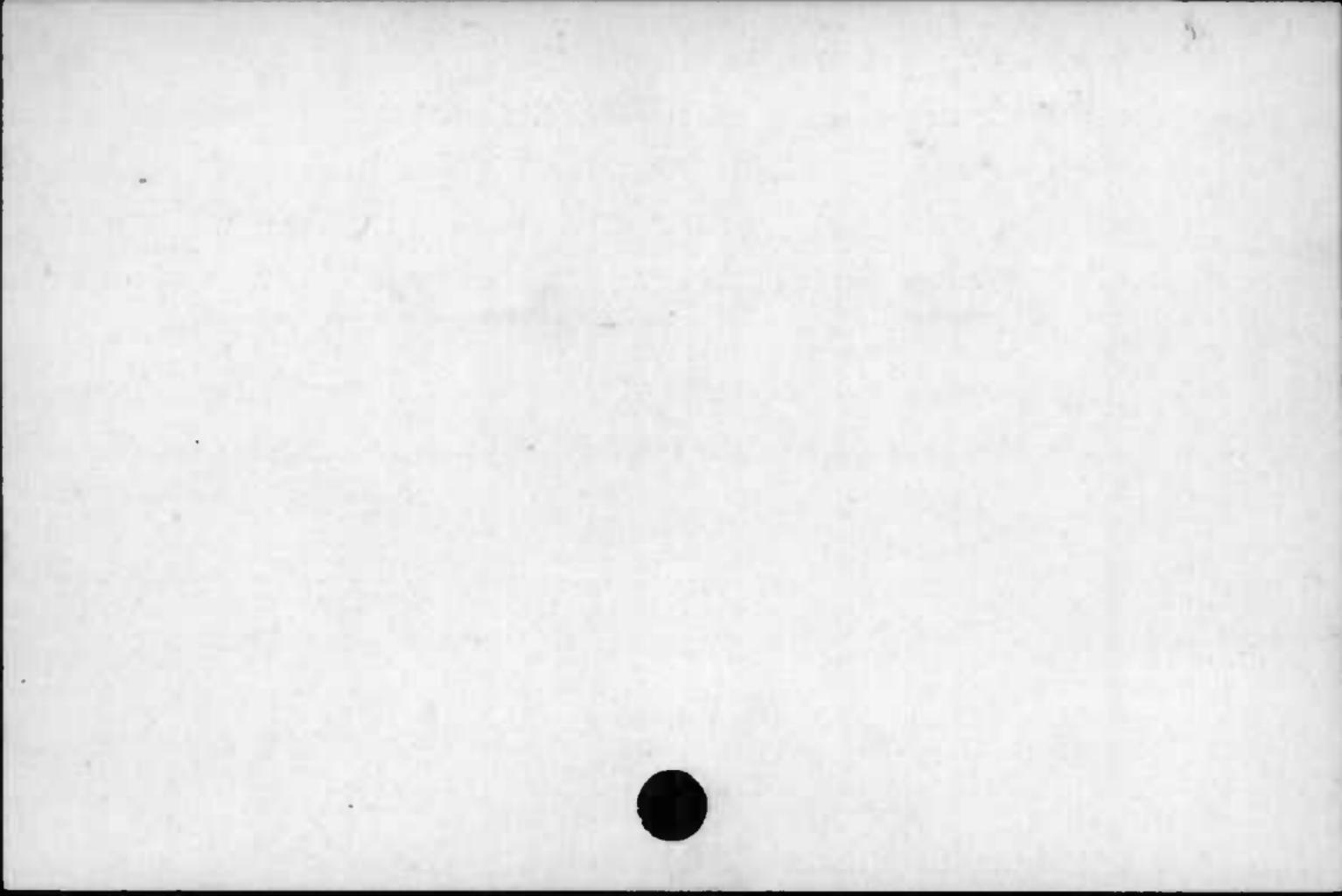


To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	June	28	—	Seven		
Sex	Color or Race		Birth-place			
Female	colored		Snowsville			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Snowsville and			
Single						
Father's Name	Mother's Name					
Walter Dandy	Annedia Dandy					
Mother's Maiden Name						
Name of person giving information	Annedia Dandy					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cold	179	How long	Two weeks
	Immediate			How long	Six days
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Dockett	
		Address			
Accident or Suicide?	A		✓		



Infant of Dean & Minnie Fasseth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Months	Days
June 23 1906	June	24	Age 2 hours.	
Sex	Color or Race	Birth-place		
Male	Colored	Berlin		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mr & Mrs Dean Fasseth		
Father's Name	Dean Fasseth			
Mother's Maiden Name	Minnie Fasseth			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

Primary

How long

Immediate

Miscarriage

How long

Are the name, age, sex, color, date and place correctly given above?

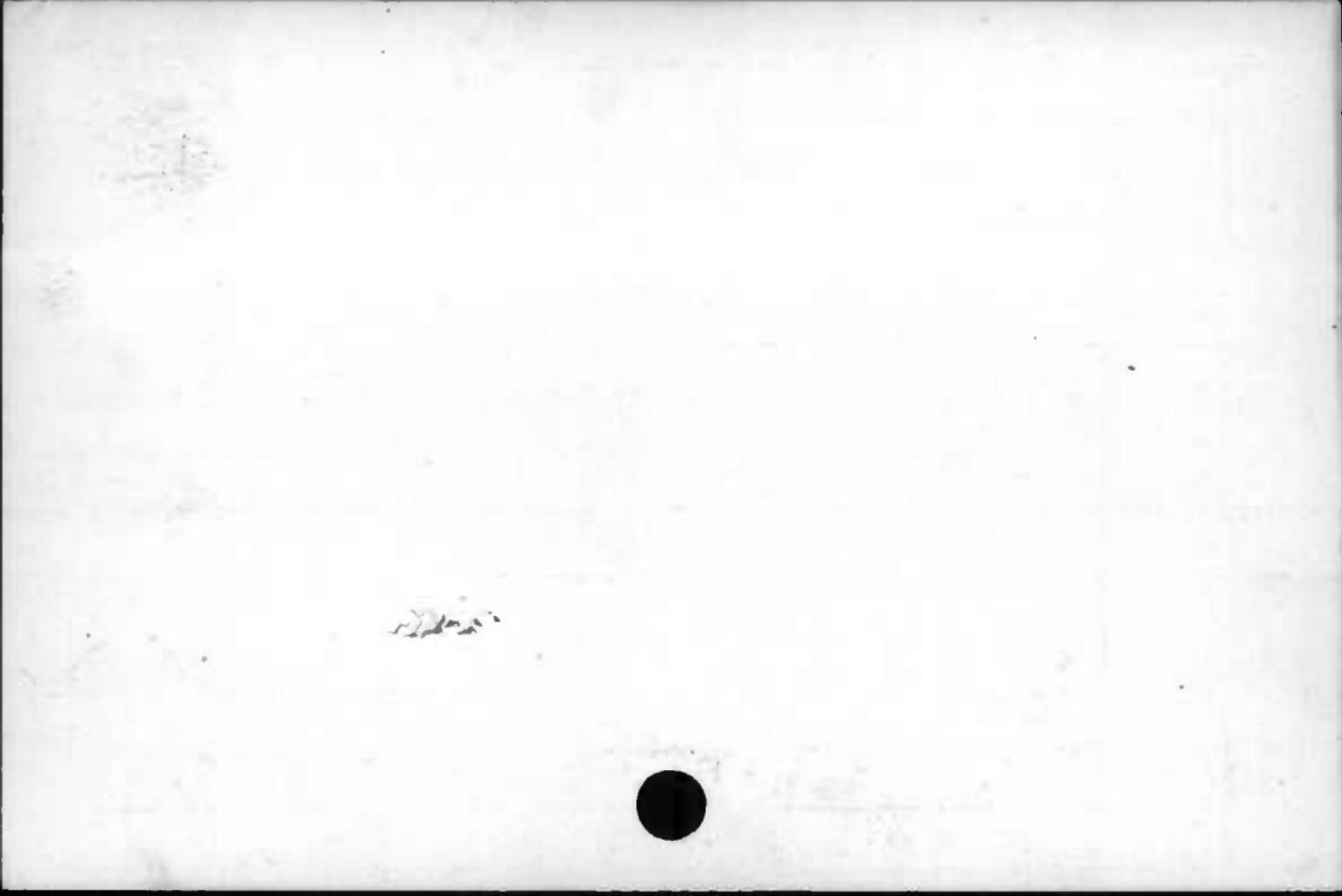
Signature
Physician

Mr McGregor.

Address

Berlin

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Stockton</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>30</u>	Years	Age <u>Still Born</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>mead</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>John Finnegan</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Lottie A. Davis</u>	Mother's Birthplace <u>mead</u>					
Name of person giving information <u>John Finnegan</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Sarah A. Godfrey

CERTIFICATE OF DEATH

Town Died at <u>near Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>27</u>	Years Age <u>—</u>	Months <u>4</u>	Days <u>12</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Snow Hill</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>E. J. Godfrey</u>	Father's Birthplace <u>Bid</u>				
Mother's Maiden Name <u>Alice Holloway</u>	Mother's Birthplace <u>Bid.</u>				
Name of person giving Information <u>E. J. Godfrey</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

diarrhoea(105)

How long

3 weeks

Immediate

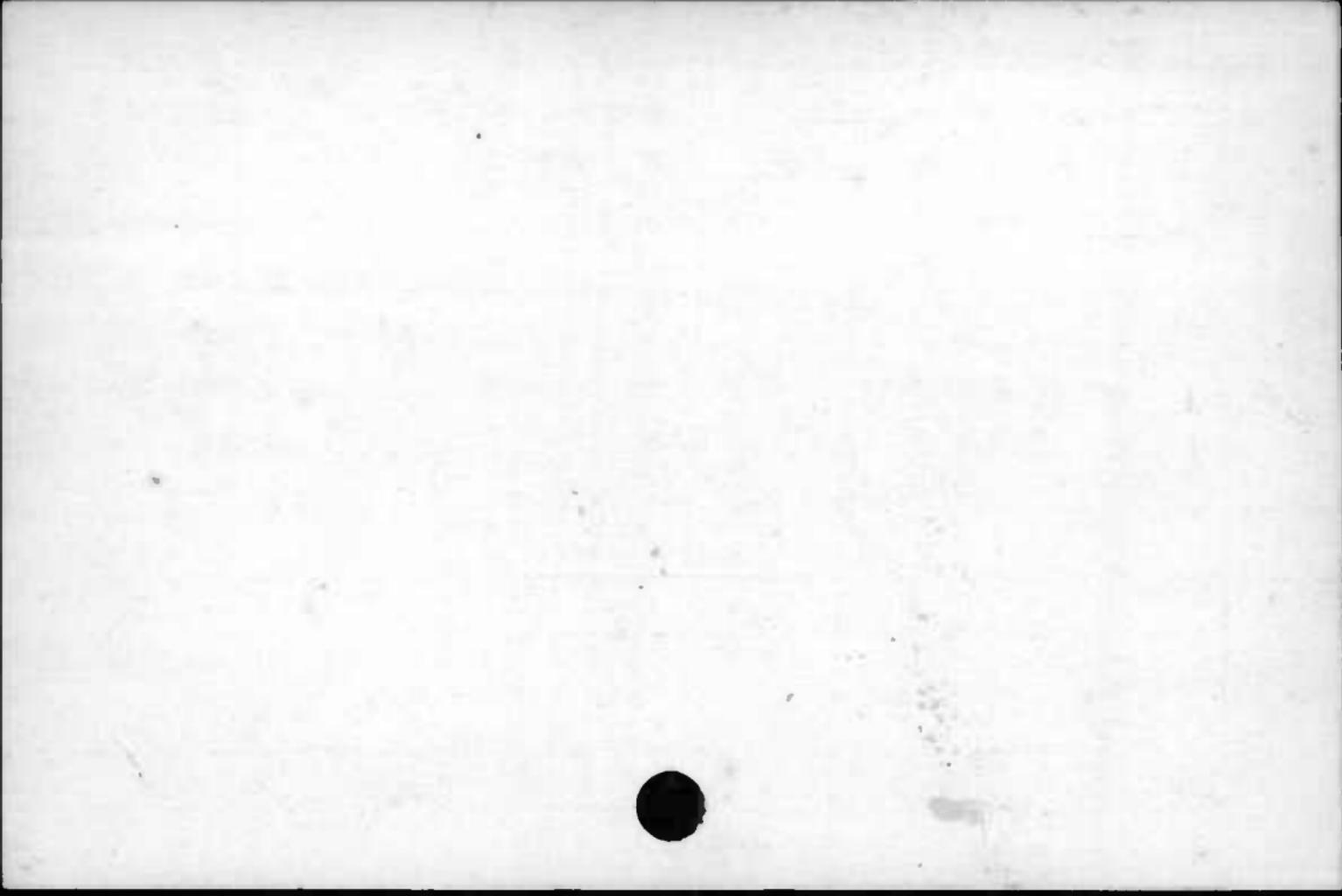
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

True loves
Snow Hill Md.

P.

Accident or Suicide?



Name
in
Full

Lavinia Green 23111

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1904	June	31	49	—	—
Sex	Color or Race	Birth-place			
Female	Black	Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lavina Johnson				
Mother's Maiden Name	Walkers Johnson				
Name of person giving information	Wm J Davis				
Father's Birthplace	Maryland				
Mother's Birthplace	Maryland				
How related to deceased	—				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown (19)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

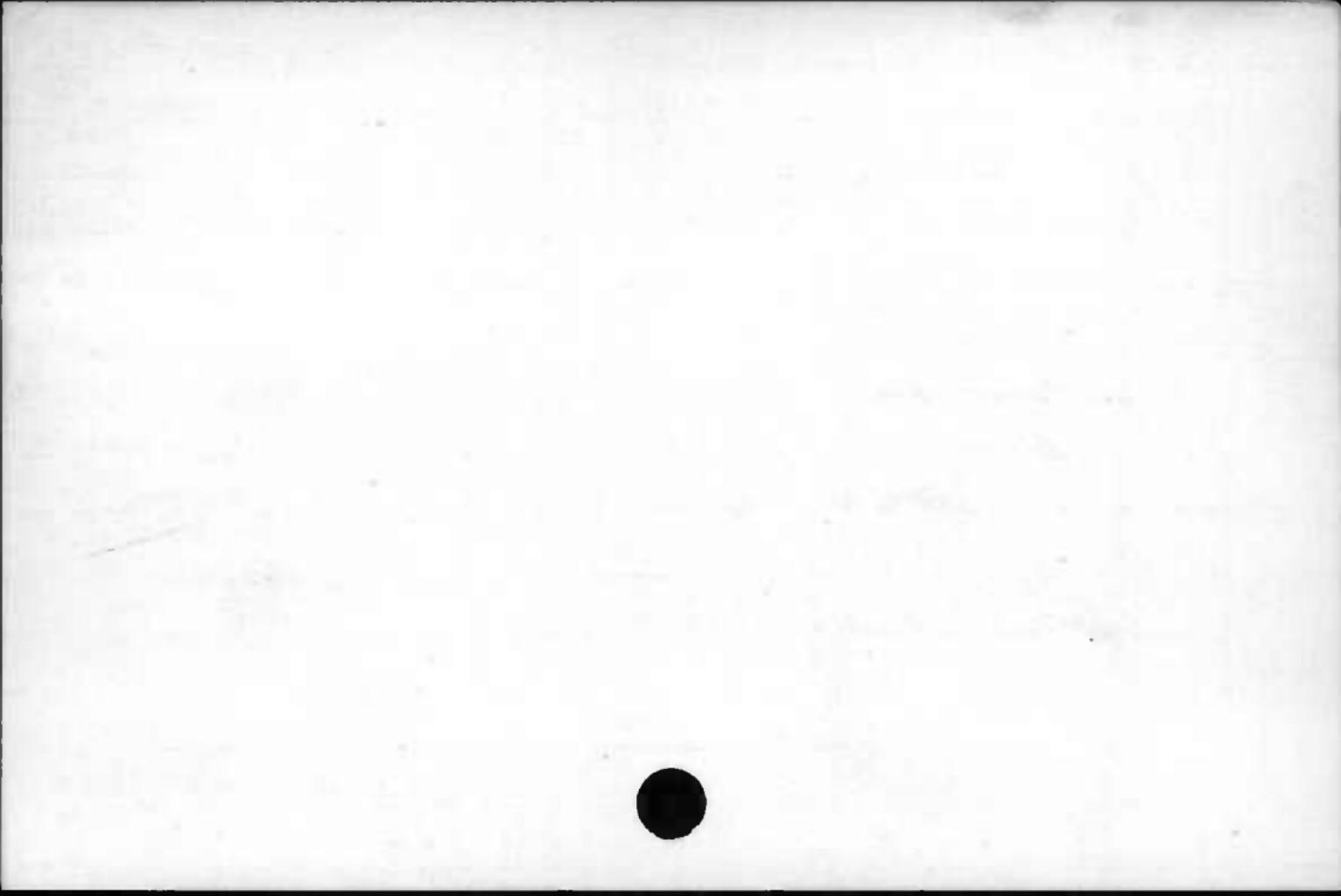
W. J. Davis P.D.

Berkeley

No medical attendance

Accident or Suicide?

W. J. Davis



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Color	Birth- place	Worceland	
Occupation	Nurse	Where Residing If not at place of death			Pocomoke City.	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Raymond J. Gandy	Father's Birthplace	Worceland			
Mother's Maiden Name	Elmer Ward	Mother's Birthplace				
Name of person giving Information	Sabra Bailey	How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

8

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Melvin Hormone

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

6 June

17

Age

two week

Sex

Male

Color or
Race

colored

Birth-
place

Baltimore Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Isaac Hormone

Father's
Birthplace

Mother's
Maiden Name

Edith Hormone

Mother's
Birthplace

Name of person giving
Information

Edith Hormone

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bad tongue and in

How long

one week

Immediate

mouth

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

yes

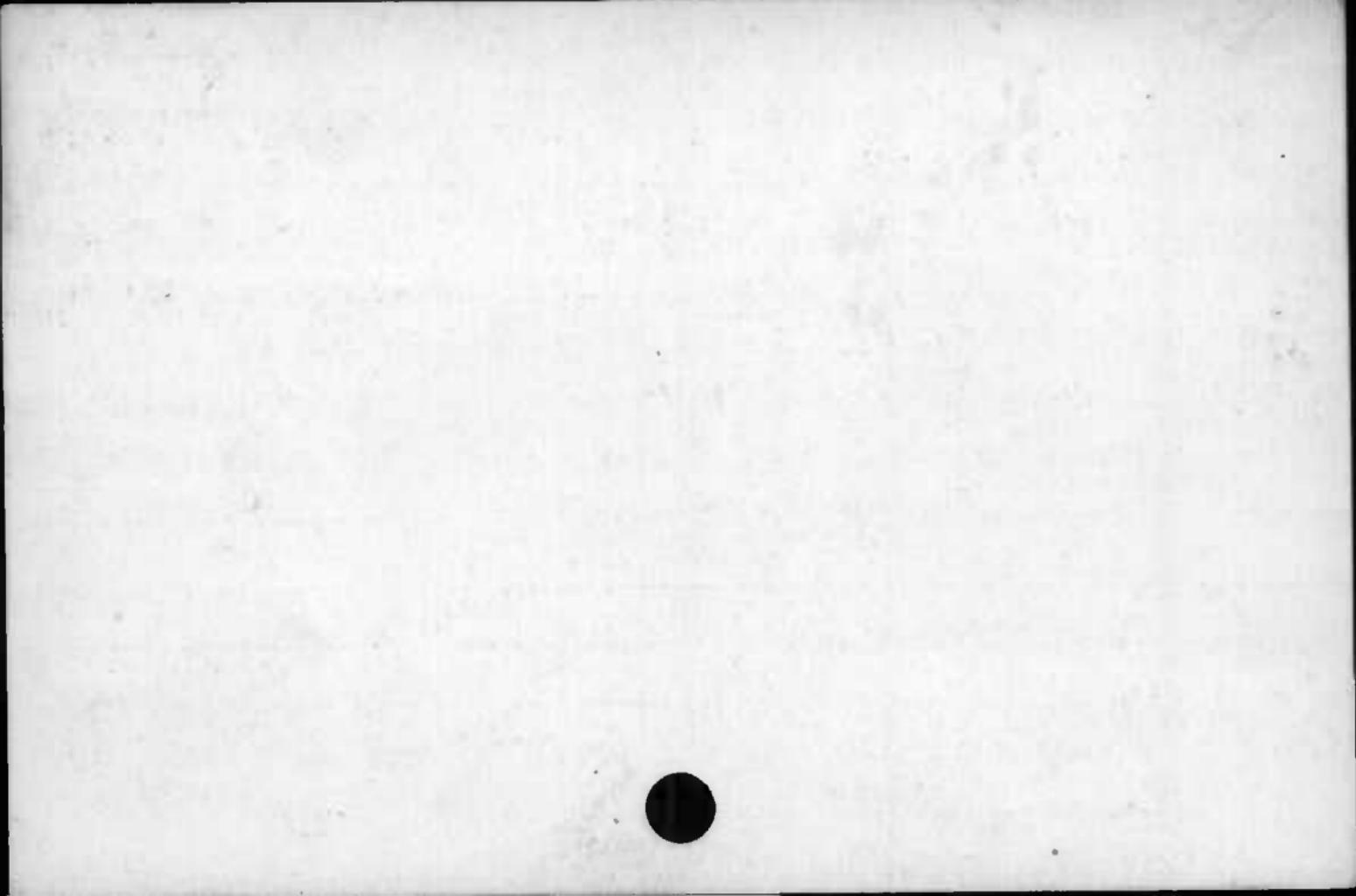
Signature of
Physician

Address

to physician

Accident or Suicide?

No



Name
in
Full

Edward Irving

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

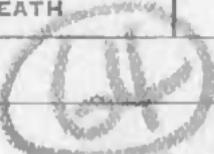
Died at		Town	County		MARYLAND		
Date of death 1906	Month June	Day 10	Years 76	Age	Months	Days	
Sex Male	Color or Race	Colored		Birth-place	Fork. Lower Snow Hill and		
Occupation	Where Residing If not at place of death		Charlotte Irving				
Married, Single or Widowed	Name of Wife or Husband		Sandie Irving		Father's Birthplace	Maryland	
Father's Name	Maria Irving		Mary A. Ward		Mother's Birthplace	Maryland	
Mother's Maiden Name	Name of person giving Information		Mary A. Ward		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy



How long

Twelve month

Immediate

Heart Failure

How long

Ten Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

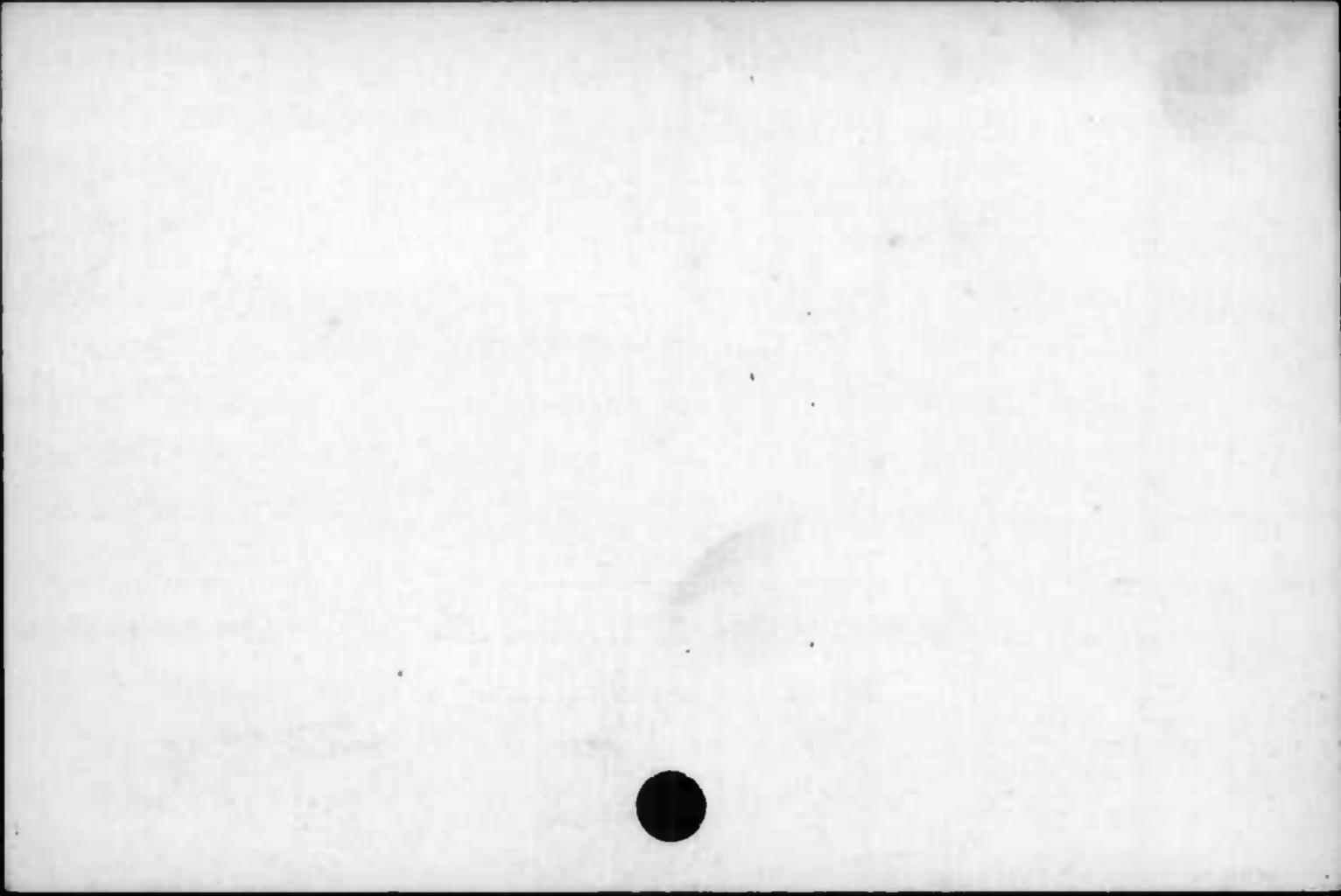
John F. D. Miller

Snow Hill

Maryland

Accident or Suicide?

No



Name
in
Full

Virginia L. Parsons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	81 9 14
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Snow Hill	
Father's Name	Elijah Parsons		
Mother's Maiden Name	—		
Name of person giving information	How related to deceased		

1906 June 18

Female white

House wife

Married

—

—

Laurene Wilson

daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hysterectomy

How long

about two weeks

Immediate

14

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Paul Jones

Snow Hill Md

of

Accident or Suicide?



Name
in
Full

Peter Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>W. Pocahontas</u>	County <u>Worcester</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>29</u>	Years <u>62</u>
Sex <u>Colored Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Somerset County</u>	
Occupation <u>Farm laborer</u>	Were Residing if not at place of death <u>Somerset County</u>		
Married, Single or Widowed <u>unmarried</u>	Name of Wife or Husband <u>Elizabeth Cropper</u>	Father's Birthplace <u>Somerset County</u>	
Father's Name <u>George Pullet</u>	Mother's Birthplace <u>Somerset County</u>		
Mother's Maiden Name <u>Sarah Carter</u>	How related to deceased <u>Cousin</u>		
Name of person giving information <u>Sidditon Pullet</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

three weeks.

Immediate

Exhaustion, ascert

How long

four months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

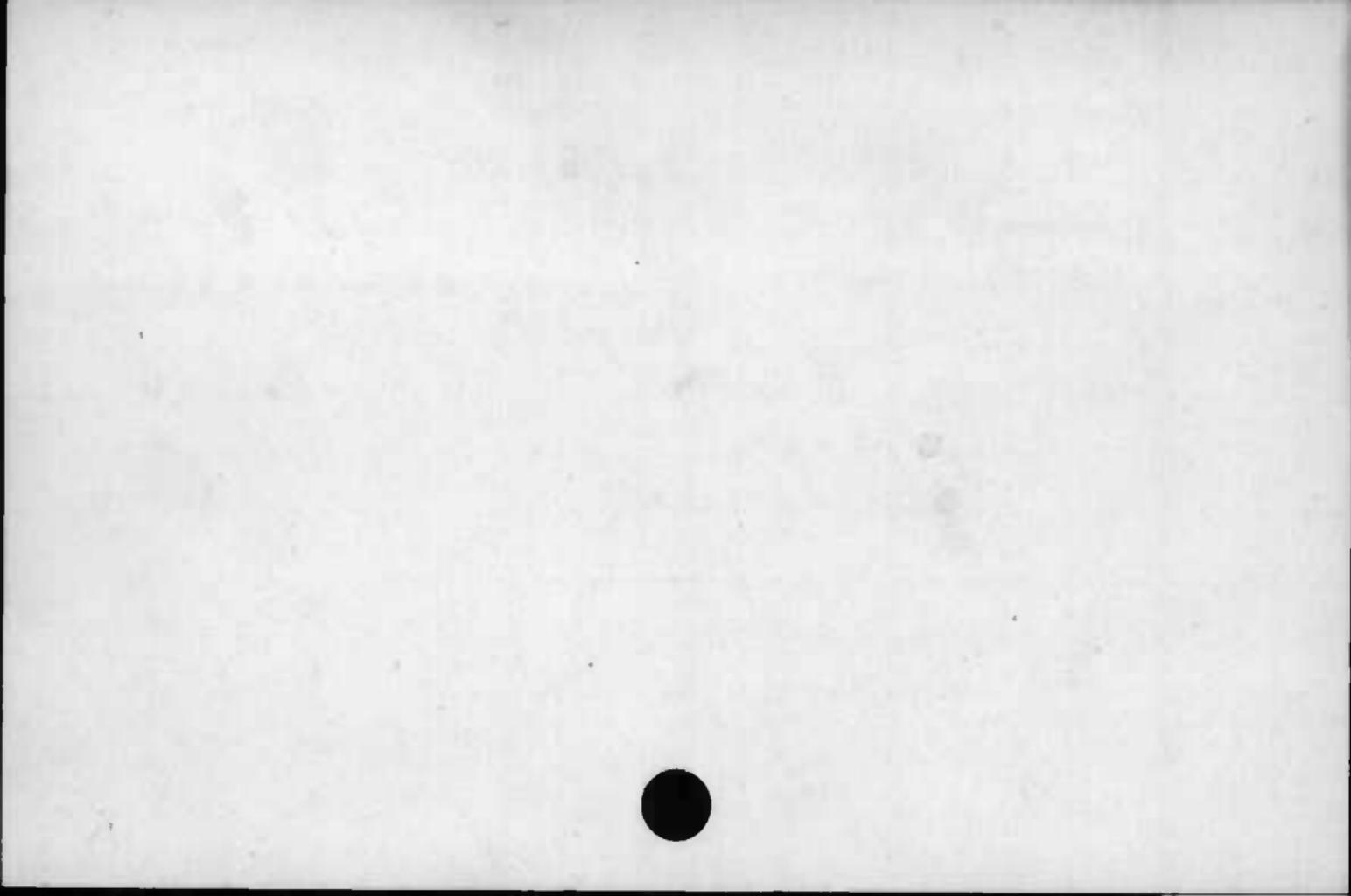
G. S. Quinn

Address

Pocahontas

Worcester Co. Maryland

Accident or Suicide?



Name
in
Full

Annie Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin		Town	County Worcester		MARYLAND		
Date of death	1906	Month June	Day 5	Years 40	Months	Days	
Sex Female	Color or Race Black	Birth-place Maryland					
Occupation Amuckeeper	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	John Purnell					
Father's Name	Richard Smith		Father's Birthplace	Maryland			
Mother's Maiden Name	—		Mother's Birthplace	Unknown			
Name of person giving information	John Purnell		How related to deceased	Husband			
CAUSES OF DEATH				179			

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

How long

How long



Name
in
Full

Malvin Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth- place	Brownsville and Brookville Twp	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband		Father's Birthplace		
Father's Name	Rosie Cunningham		Mother's Birthplace		Brownsville and	
Mother's Maiden Name	Olie Purnell		Name of person giving Information		How related to deceased	
Annie Purnell		Another				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhea

How long

10 days

Immediate

How long

three days

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

John J. Delotte
Brownsville
Md

Accident or Suicide?



Edward Rayfield Redden

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Stockton</u> Town		County <u>Worcester</u>			
Date of death <u>1906</u>	Month <u>June</u>	Day <u>24</u>	Age <u>24</u>	Months <u>7</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Stockton</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Geo C Redden</u>	Father's Birthplace <u>Mc</u>				
Mother's Maiden Name <u>Laura G Redden</u>	Mother's Birthplace <u>Mc</u>				
Name of person giving Information <u>Geo C Redden</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Cholera-Infantum

How long

2 Weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

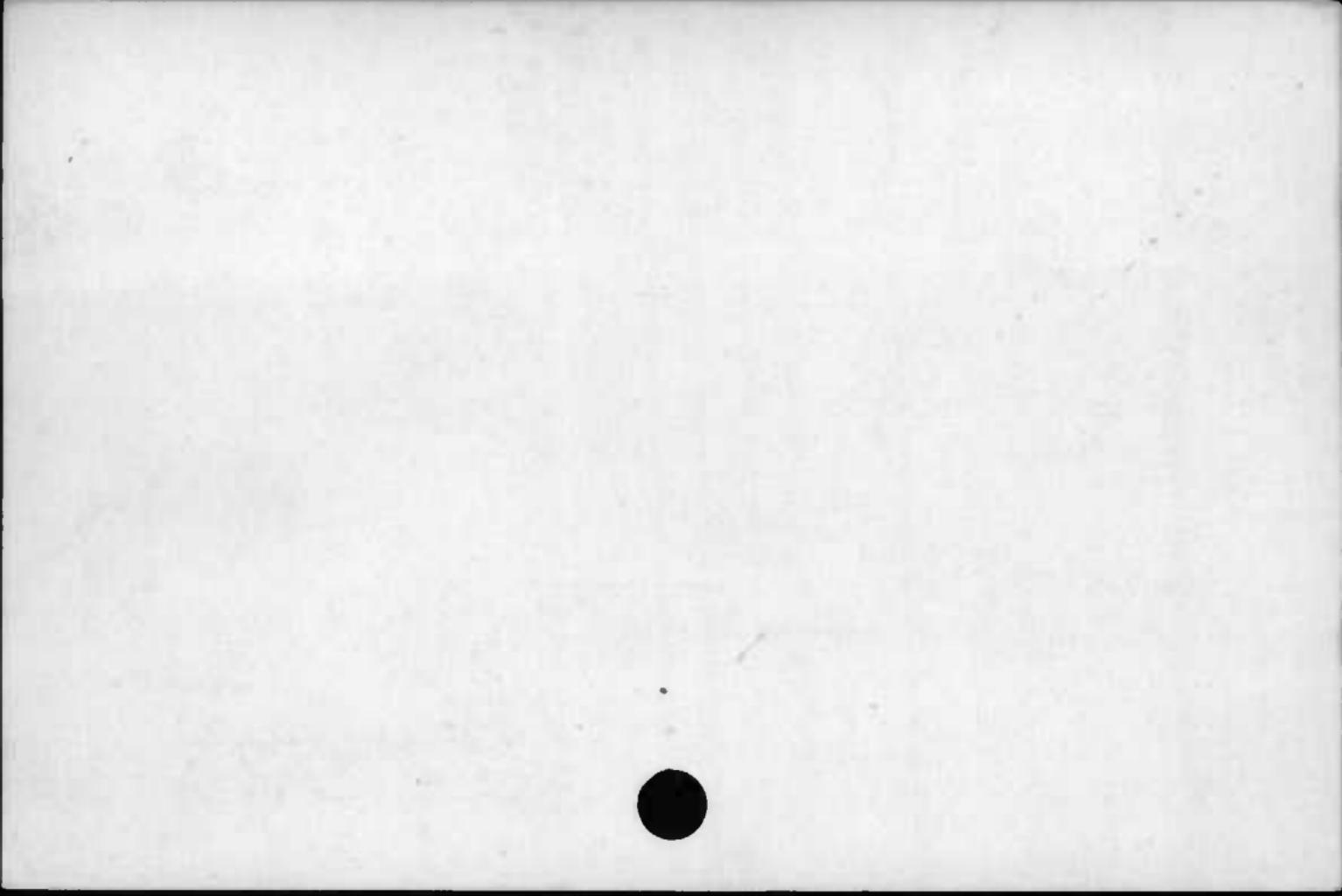
Yes

Signature of Physician

Address

J. D. Dickeson -
Stockton self

Accident or Suicide?



Name
in
Full

Priscilla Richardson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town <u>Snow Hill</u> County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>18-</u>	Years <u>64</u>	Months	Days
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>Snow Hill</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>single</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased <u>Mom</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 weeks

Immediate

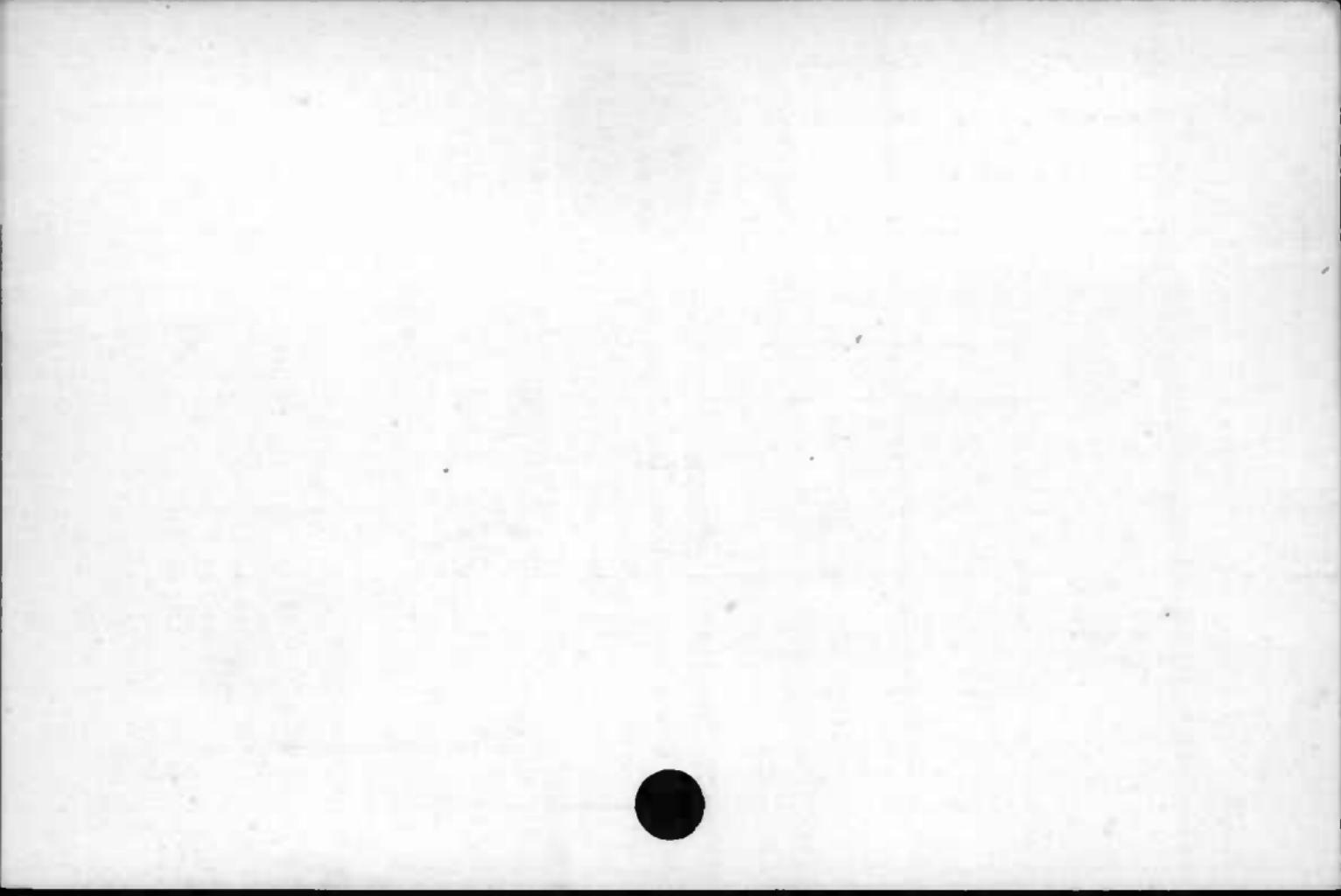
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paul Jones
Snow Hill Md

Accident or Suicide?



Name
in
Full

Nellie Ruark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at Nassawaddux	Morchester	Months	Days
Date of death 1906	Month Jun	Day 22	Age 19
Sex Female	Color or Race White	Birth-place Nassawaddux	
Occupation Domestic	Where Residing if not at place of death	" "	
Married, Single or Widowed Married	Name of Wife or Husband Nathaniel Ruark		
Father's Name Charles Carmine	Father's Birthplace Morster Co		
Mother's Maiden Name Laura Butler	Mother's Birthplace	" "	
Name of person giving information	How related to deceased	Sister	
David Haneoch			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonaria

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

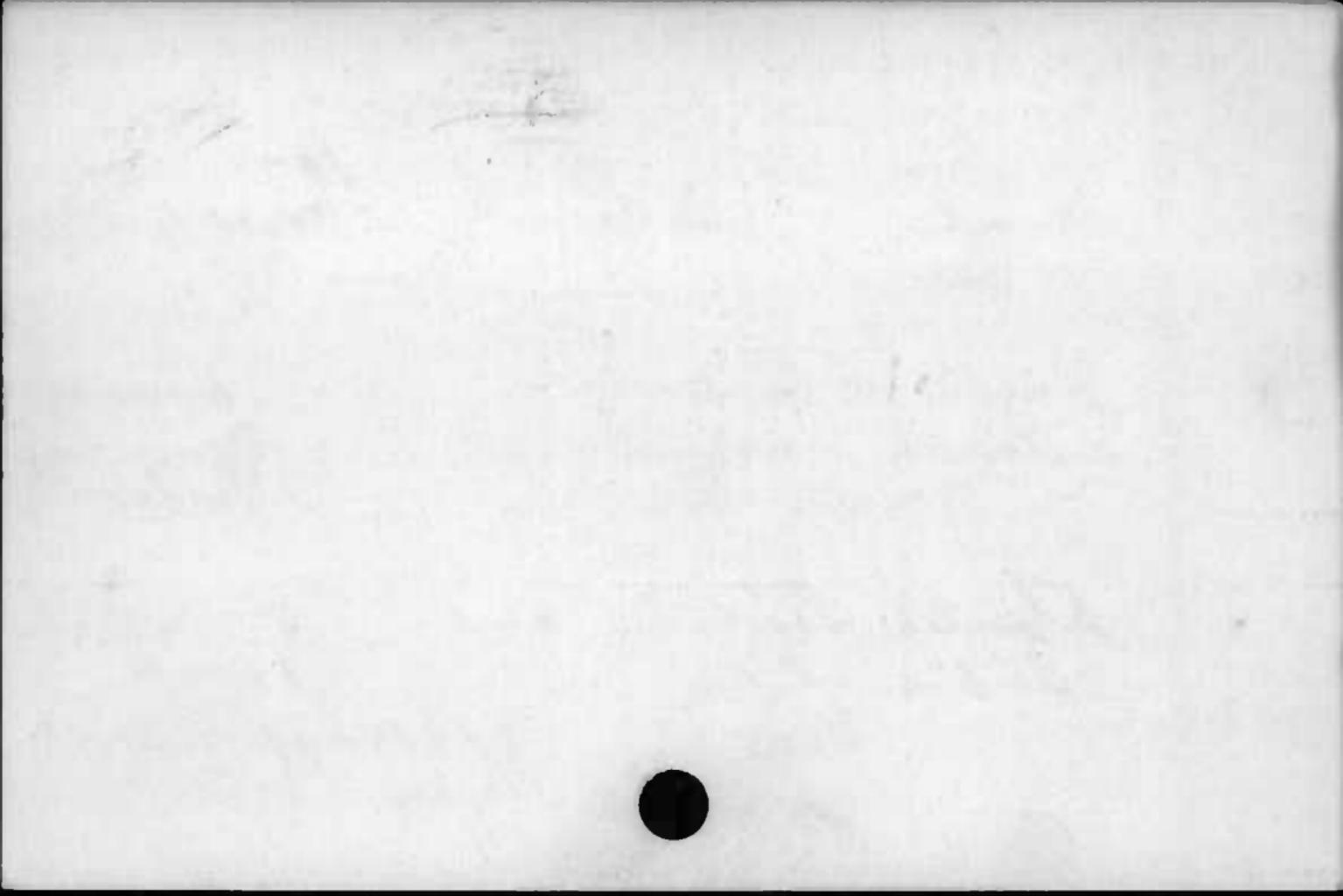
Yes

Signature of
Physician

Address

Sam'l S Quino
Preston City
Md

Accident or Suicide?



Name
in
Full

Elara Francis Schaper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ocean City

Town

County

MARYLAND

Date
of death 1906

Month
June

Day
30

Years

Months
11

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Ocean City - Md

Occupation

Where Residing if not
at place of death

Ocean City - Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Schaper

Father's
Birthplace

Germany.

Mother's
Maiden Name

Amie J. K. Ruec

Mother's
Birthplace

Germany

Name of person giving
Information

Joseph Schaper

How related
to deceased

Father.

CAUSES OF DEATH

(49)

Primary

Infantile Scrobutus and

How long

5 or 6 weeks

Immediate

Enteric Colitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

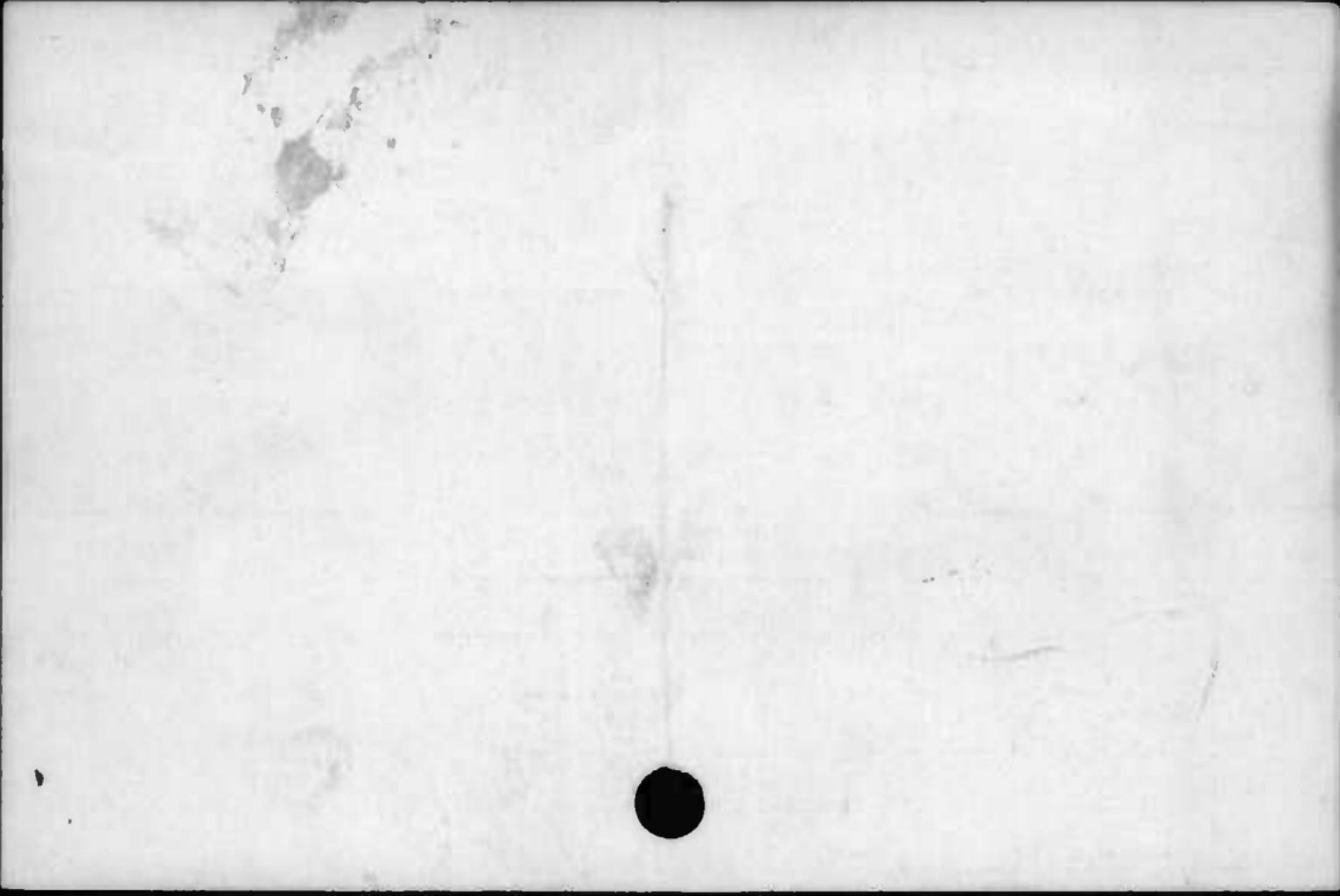
Address

J. B. Baggett M.D.

Ocean City, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Sarah E. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Elyia Smith -				
Father's Name	Henry Bultingham					Maryland
Mother's Maiden Name	Hester - Powell					Maryland
Name of person giving information	Henry Bultingham					Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

How long

2 months

Immediate

Tuberculosis

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. P. Collier

Le J Evans

Accident or Suicide? undertaker only

Dr. R. P. Collins

Name
in
Full

Francis Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1906	6	28	57	57	9	18
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Merchant		Where Residing if not at place of death	Stockton Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Taylor wife			
Father's Name	Barnabus Taylor		Father's Birthplace	Md		
Mother's Maiden Name	Mallie Jones		Mother's Birthplace	"		
Name of person giving information	John Burboage		How related to deceased	Brother-in-law		

CAUSES OF DEATH

Primary

Malaria

How long

3 yrs.

Immediate

Dysentery



How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Dickinson
Stockton Md
Worcester Co

PHYSICIAN
OR CORONER

Yes

Accident or Suicide?

